

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 years

Hospital, institution, or street address where death occurred:  
334 North Market Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 334 North Market Street  
 (If rural, give LOCATION)

2. (a) If veteran, name war... None

## 3. (a) FULL NAME

MAE HAWKER ALEXANDER

## 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife John H. Alexander6. (c) If alive, give age 65 years7. Birth date of deceased (mo., day, yr.) January 25, 1883

8. AGE: Years 64 Months 7 Days 14 If less than one day  
 hrs. min.

9. Birthplace Church Hill-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name George W. Hawker13. Birthplace Frederick County Maryland14. Maiden name Catherine Zimmerman15. Birthplace Frederick County Maryland16. Informant John H. AlexanderAddress 334 N. Market St., Frederick, Md.

17. Burial 9/12/47  
 (Burial, cremation, or removal, which?) Date thereof (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 12 Sept 1947  
 (Date rec'd by registrar) Registrar Elizabeth G. Heck

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 9th 19 47, at 8:55P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 19 46, to Sept 9 19 47  
 and that I last saw her alive on Sept 9 19 47

Immediate cause of death Carcinoma of uterus  
 DURATION 2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bohannon M. D. or otherAddress Frederick, Md Date signed 9/11/47

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SEP 13 1947  
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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07970

Reg. Dist. No. 144

### 1. PLACE OF DEATH:

County Frederick  
City or town Thurmont  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Thurmont  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
NO

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Esther Clara Angevine.

### 3. (b) Social Security Number

051-16-3402

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Joseph R. Angevine

6.(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) September 23, 1882

8. AGE: Year 64 Months 11 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Middletown, Frederick Co., Md  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Charles T. Kinna.

13. Birthplace Myersville, Md.

14. Maiden name Loretta Gaver.

15. Birthplace Myersville, Md.

16. Informant Mr. Joseph Angevine.

Address Thurmont, Md.

17. Burial Sept. 20, 1947

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Creagerstown, Cemetery

Location Thurmont, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Md.

19. Sept. 19 1947 Blanche S. Eyles

(Date rec'd by registrar) registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 16, 1947 at 8 P: M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16 1947 to September 16 1947 and that I last saw him or her alive on September 16 1947

Immediate cause of death Hypostatic pneumonia DURATION 1 day

Due to Cardiac failure 5 days

Due to \_\_\_\_\_

Other conditions Hypertension

Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. \_\_\_\_\_

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE M. Franklin Birch RW

M. D. or other \_\_\_\_\_

Address Thurmont, Md. Date signed Sept. 18, 1947

MARGIN RESERVED FOR BINDING

VS A16 9-45-15M

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

830

07971131

Reg. Dist. No.

## 1. PLACE OF DEATH:-

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 Days

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 6 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickRural Middletown  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Beechley Mrs Catherine B.

## 3. (b) Social Security Number

no

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white Married6. (b) Name of husband or wife Albert C. Beechley

7. Birth date of

deceased (mo., day, yr.)

May 29 - 18766. (c) If alive, give age 75 years

8. AGE:

Years

Months

Days

If less than one day

71329

hrs.

min.

9. Birthplace Middletown Fred. Co. Md.  
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name Franklin Bowles13. Birthplace Middletown, Md.14. Maiden name Sarah Beechley15. Birthplace Middletown, Md.16. Informant Albert C. BeechleyAddress Middletown, Md.17. Burial Date thereof 9-30-47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Reform CemeteryLocation Middletown, Md.18. Funeral director Bladwell Co.Address Middletown, Md.19. Sept 28 19 47 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 19 47 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 23 19 47 to Sept 27 19 47and that I last saw him alive on Sept 27 19 47

Immediate cause of death

DURATION

Cerebral hemorrhage5 days

Due to

Due to

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. A. O'Leary M.D. M. D. or otherAddress Frederick, Md. Date signed 9/27/47

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*Handwritten text, possibly a date or location, mostly illegible.*

*Handwritten text, possibly a name or title, mostly illegible.*

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OCT 2 1947

BY MAIL

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

83a

07972 131

Reg. Dist. No. ....

### 1. PLACE OF DEATH:

County **Frederick**  
City or town **Frederick**  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

**Frederick Memorial Hospital**  
**Since August 26, 1947**

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Frederick**  
City or town **Frederick**  
(If outside city or town limits, write RURAL and give nearest town)

Street No. **11 East South Street**  
(If rural, give LOCATION)

2.(a) If veteran, name war

**None**

### 3. (a) FULL NAME

**FLORENCE BOSTIAN**

### 3. (b) Social Security Number

**214-10-1210**

4. Sex **F** 5. Color or race **W** 6.(a) Single, married, widowed, or divorced **S**

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) **Unknown 1871**

8. AGE: **76 ?** Years Months Days If less than one day ..... hrs. .... min.

9. Birthplace **Johnsville-Frederick-Maryland**  
(Town, county, and state)

10. Usual occupation **Inspector**

11. Industry or business **Union Manufacturing Company**

12. Name **George Bostian**

13. Birthplace **Frederick County Maryland**

14. Maiden name **Matilda Eyer**

15. Birthplace **Frederick County Maryland**

16. Informant **Mrs. Elizabeth Koontz**

Address **11 E. South St., Frederick, Md.**

17. Burial **Rocky Hill Cemetery** Date thereof **9/9/47**  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory **Near Woodsboro, Maryland**

Location **M. R. Etchison and Son**

18. Funeral director **Frederick, Maryland**

Address

19. **8 Sept 47** **Elizabeth G. Heide**  
(Date rec'd by Registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH **September 6th 1947** at **10:30P**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Aug 26** 1947 to **Sept 6** 1947 and that I last saw **her** alive on **September 16** 1947

Immediate cause of death **Cerebral Hemorrhage** DURATION **8 hrs. 17**  
Due to **11**

Due to  
Other conditions

(Include pregnancy within 8 months of death)

Major findings of operation **None** Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **H. Sturmer** M. D.

Address **Frederick, Maryland** Date signed **9-8-47**

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VS A15 9-45-15M

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 103 East Patrick Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

ROBERT GOODMAN BOYD

## 3. (b) Social Security Number

None4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) August 23, 1947 6. (c) If alive, give age 1 years8. AGE: Years 0 Months 1 Days 6 If less than one day hrs. min.9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Infant

11. Industry or business

12. Name Horace E. Boyd13. Birthplace Frederick County Maryland14. Maiden name Minnie Tomlin15. Birthplace Frederick County Maryland16. Informant Horace E. BoydAddress 103 E. Patrick St., Frederick, Md.17. Burial 10/1/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 1-Oct 1947 Elizabeth G. Heide Registrar  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 29, 1947 at 4 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 23 1947 to Sept 29 1947and that I last saw him/her alive on Sept 29 1947Immediate cause of death Congenital atelectasisof lung. DURATION 1 monthDue to Asphyxia 1 monthDue to Premature Birth6 1/2 monthsOther conditions HematocritHematocrit

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Laurence Fahmy M. D.Address Frederick, Maryland Date signed 9-29-47

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9-45-15M

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07374

131

Reg. Dist. No.

<b>1. PLACE OF DEATH:</b> County <u>Frederick</u> City or town <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>2 Days</u> Hospital, institution, or street address where death occurred: <u>Frederick Fair Grounds</u> How long in hospital or institution?		<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Delaware</u> County City or town <u>Newark</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war <u>World War I</u>	
<b>3. (a) FULL NAME</b> <u>CHARLES BOYLES</u>		<b>3. (b) Social Security Number</b>	
<b>4. Sex</b> <u>M</u>	<b>5. Color or race</b> <u>C</u>	<b>6. (a) Single, married, widowed, or divorced</b> <u>Unknown</u>	
<b>6. (b) Name of husband or wife</b>			
<b>6. (c) If alive, give age</b> ..... years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Unknown</u>			
<b>8. AGE:</b> Years <u>50 ?</u>	Months	Days	If less than one day ..... hrs. .... min.
<b>9. Birthplace</b> <u>Unknown</u> (Town, county, and state)			
<b>10. Usual occupation</b> <u>Laborer</u>			
<b>11. Industry or business</b>			
<b>FATHER</b>	<b>12. Name</b> <u>Unknown</u>		
	<b>13. Birthplace</b> <u>Unknown</u>		
	<b>14. Maiden name</b> <u>Unknown</u>		
<b>MOTHER</b>	<b>15. Birthplace</b> <u>Unknown</u>		
	<b>16. Informant</b> <u>Sheriff's Office</u> Address <u>Frederick, Maryland</u>		
<b>17. Removal</b> <u>10/1/47</u> (Burial, cremation, or removal, which?) (month) (day) (year)			
Cemetery or crematory <u>Wilmington, Delaware</u> Location <u>M. R. Etchison and Son</u>			
<b>18. Funeral director</b> <u>Frederick, Maryland</u> Address			
<b>19.</b> <u>1-Oct</u> 19 <u>47</u> <u>Elizabeth G. Heck</u> (Date rec'd by registrar) Registrar			
<b>MEDICAL CERTIFICATION</b>			
<b>20. DATE OF DEATH</b> <u>Sept 30</u> 19 <u>47</u> at <u>3</u> <u>A.M.</u>			
<b>21. I CERTIFY that death occurred on the data above stated; that I attended deceased from</b> ..... and that I last saw him/her on <u>Sept 30</u> 19 <u>47</u>			
<b>Immediate cause of death</b> <u>Cervical carcinoma</u>			
<b>Other conditions</b>			
(Include pregnancy within 3 months of death)			
<b>Major findings of operations</b>			
Date of op.			
<b>Autopsy results</b>			
<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>			
<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b>			
Accident, suicide, or homicide ..... Date of .....			
Where did injury occur? (City or town) (County) (State)			
Injured at home, farm, industry, pub'c place (where?)			
Means of injury Injured at work?			
<b>23. SIGNATURE</b> <u>P.W. Bau</u> <u>Deputy Medical Examiner</u> Address <u>Frederick, Md</u> M. D. or other Date signed <u>9.30.47</u>			

VS A15



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07975

## CERTIFICATE OF DEATH

Reg. Dist. No. 132

### 1. PLACE OF DEATH:

County Frederick  
 City or town Rural Middleton  
(If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 8 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Frederick  
 City or town Rural Middleton  
(If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
 2(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Leslie C. Brandenburg

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Annie Waters  
Brandenburg  
 7. Birth date of deceased (mo., day, yr.) Jan 2, 1894  
 8. AGE: Years 53 Months 8 Days 6 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Harmony, Fredc. Md  
(Town, county, and state)

10. Usual occupation Rural Mail Carrier

11. Industry or business U. S. Postoffice

12. Name Samuel C. Brandenburg

13. Birthplace Maryland

14. Maiden name Olivia M. Alexander

15. Birthplace Maryland

16. Informant Mrs. L. R. Brandenburg

Address Middleton, Md

17. Burial Date thereof Sept 11, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Pion Lutheran

Location Middleton, Md

18. Funeral director Paul F. Bittel

Address Myersville, Md.

19. Sept 9 19 47 Marie Gladhill  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 19 47 at 8:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19\_\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_\_,

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_\_,

Immediate cause of death \_\_\_\_\_

DURATION

Coronary occlusion

Due to (Sudden)

Due to (See note on back.)

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

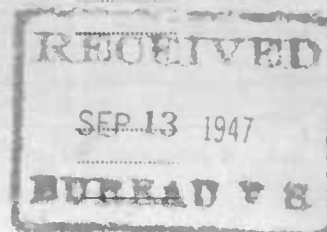
23. SIGNATURE J. E. Harp M.D. or other

Address Middleton Date signed 9-9-47

Has had medical care from other physicians.  
Last visit to physician on Sept 5 1947

J. E. Harp

NOITARUO



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH: Frederick  
 County.....  
 City or town..... Mt. Airy  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 43 years  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State..... Maryland County..... Frederick  
 City or town..... Mt. Airy  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME  
 ELDRIDGE M. BROWNING

3. (b) Social Security Number

4. Sex Male  
 5. Color or race White  
 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Annie R. Browning  
 6. (c) If alive, give age 71 years  
 7. Birth date of deceased (mo., day, yr.) Sept. 20, 1875  
 8. AGE: Years 71 Months 11 Days 13 If less than one day  
 ..... hrs. .... min.

9. Birthplace Frederick Co. Maryland  
 (Town, county, and state)  
 10. Usual occupation Retired  
 11. Industry or business B. & O. R.R.  
 12. Name Luther L. Browning  
 13. Birthplace Maryland  
 14. Maiden name Sarah Brandenburg  
 15. Birthplace Maryland

16. Informant Mrs. Annie R. Browning  
 Address Mt. Airy, Maryland  
 17. Burial Date thereof 9-7-47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Pine Grove  
 Location Mt. Airy, Maryland  
 18. Funeral director C. M. Waltz  
 Address Winfield, Md.

19. Date rec'd by Registrar Sept. 4, 1947  
 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3, 1947, 11:45 AM  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 ..... to .....  
 and that I last saw him or her on Sept 3, 1947.

Immediate cause of death Asphyxiation  
 Due to Strangulation  
 Due to Suicide  
 Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.  
 Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of 9.3.47  
 Where did injury occur? Mt. Airy, Md.  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) Cannery factory  
 Means of injury Wile Injured at work? no

23. SIGNATURE R. W. BARR  
 Address Frederick, Md. Date signed 9.3.47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1. NAME OF DECEASED

2. PLACE OF DEATH

3. MANNER OF DEATH

4. CAUSE OF DEATH

RECEIVED  
SEP 6 1947  
BUREAU OF VITAL RECORDS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 079771 31

## 1. PLACE OF DEATH:

County..... Frederick  
 City or town..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... Lifetime  
 Hospital, institution, or street address where death occurred:  
60 S. Market St.  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Frederick  
 City or town..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. .... 60 S. Market Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... none

## 3. (a) FULL NAME

Thomas Gorsuck Buckey

## 3. (b) Social Security Number

none

4. Sex

male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife..... Mary E. Federline8. (c) If alive, give age..... 65 years7. Birth date of deceased (mo., day, yr.) 11-15-18738. AGE: Years 73 Months 9 Days 25 If less than one day  
.....hrs. ....min.9. Birthplace..... Frederick Co. Md.  
(Town, county, and state)10. Usual occupation..... Steepleman11. Industry or business..... Cigar Business12. Name..... George J. Buckey13. Birthplace..... Frederick - Md.14. Maiden name..... Sarah Bopst15. Birthplace..... Frederick Co. - Md.16. Informant..... Mrs. J. B. BuckeyAddress..... 60 S. Market St. Fred'k. Md.17. Burial Date thereof..... Sept. 11-1947  
(Burial, cremation, or removal, whichever) (month) (day) (year)Cemetery or crematory..... Mt. Alvin CemeteryLocation..... Frederick - Md.18. Funeral director..... C. E. Clive & SonAddress..... Frederick - Md.19. 10 Sept 1947 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Sept. 9- 1947, at 2:30 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
8 Sept 1947 to 9 Sept 1947  
and that I last saw him alive on 9 Sept 1947

Immediate cause of death.....

Coronary thrombosis

DURATION

18 hours

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE.....

Charles H. Conley Jr. M.D.  
M.D. or other  
Address..... Frederick Md Date signed 10 Sept 47

RECEIVED

SEP 12 1947

BUREAU OF

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

07978

132

## 1. PLACE OF DEATH:

County FrederickCity or town Middletown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Middletown  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Minnie Elizabeth Bussard

## 3. (b) Social Security Number

no

4. Sex

Female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Charles L. Bussard

7. Birth date of

deceased (mo., day, yr.)

Nov. 19, 18736.(c) If alive, give age 81 years

8. AGE:

Years

Months

Days

If less than one day

73915

hrs. min.

9. Birthplace

Myersville Fred. Co., Md.  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name Philip F. Gaver

13. Birthplace

Myersville, Md

14. Maiden name

Elizabeth Hooper

15. Birthplace

Myersville, Md

16. Informant

Charles L. Bussard

Address

Middletown Md

17.

(Burial, cremation, or removal. Which?)

BurialDate thereof Sept 7, 1947  
(month) (day) (year)

Cemetery or crematory

Lutheran Cemetery

Location

Middletown Md

18. Funeral director

Gladhill Co.

Address

Middletown Md

19.

(Date rec'd by registrar)

Sept 7 1947

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept 4 1947 at 3:04 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1946 to Sept 4 1947and that I last saw her alive on Sept 3 1947

Immediate cause of death

DURATION

Due to

Mediastinal TumorProbably malignant

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE

J. H. Garp MD

M. D. or other

Address Middletown Date signed 9-5-47

MARGIN RESERVED FOR BINDING

VS A15

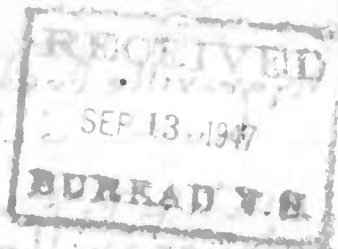
9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

*Handwritten text, possibly a name or address, mostly illegible.*

*Handwritten text, possibly a name or address, mostly illegible.*

*Handwritten text, possibly a name or address, mostly illegible.*



*Handwritten text, possibly a name or address, mostly illegible.*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 17931

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 68 years

Hospital, institution, or street address where death occurred:

112 N. Market St

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 112 N. Market St  
(If rural, give LOCATION)2.(a) If veteran, name war none

## 3. (a) FULL NAME

Thomas Augustus Chapline

## 3. (b) Social Security Number

none4. Sex male5. Color or race white6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Mary Byerly

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 21 18718. AGE: Years 76 Months 3 Days 13 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Shepherdstown, W. Va  
(Town, county, and state)10. Usual occupation County Treasurer11. Industry or business Retired12. Name Geo. Thomas Chapline13. Birthplace Shepherdstown, W. Va14. Maiden name Sandra Schley15. Birthplace Frederick, Md16. Informant Geo. M. ChaplineAddress Braddocks Heights, Md17. Buried Date thereof Sept 16, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. OlivetLocation Frederick, Md18. Funeral director Nancy E. Cart, CoAddress Frederick, Md.19. 16 Sept 19 47 Elizabeth G. Heek  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14 19 47, at 4 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 19 47, to Sept. 14 19 47and that I last saw him alive on Sept. 14 19 47Immediate cause of death Hypertensive Pneumonia DURATION 3 days.Due to multiple Sclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Wm. M. Smith M.D. M. D. or other \_\_\_\_\_Address Frederick, Md Date signed 9-15-47

RECEIVED

SEP 17 1947

BUREAU OF

RECEIVED

SEP 17 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

07980

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County... FredesackCity or town... Bethel  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... FredesackCity or town... Bethel  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Wilhelmina Stages Clem.

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband John H. Clem7. Birth date of deceased (mo., day, yr.) June 10, 1855

6. (c) If alive, give age..... years

8. AGE: Years 92 Months 2 Days 25 If less than one day  
..... hrs. .... min.9. Birthplace Bethel, Fredesack Co., Md.  
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name George Still13. Birthplace Bethel, Md.14. Maiden name Susan Stages15. Birthplace Charlottesville, Md.16. Informant Miss Mary C. ClemAddress Fredesack P. O. Md.17. Burial, cremation, or removal Burial Date thereof Sept 7, 1947  
(month) (day) (year)Cemetery or crematory Utica CemeteryLocation Utica, Md.18. Funeral director M. H. Creager & SonAddress Thurmont, Md.19. 6 Sept 19 47 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 5, 1947, at 5 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 20, 1947 to Sept 5, 1947 and that I last saw him alive on Aug 20, 1947Immediate cause of death Fracture of neck ofvertebraeDue to accident falling out ofbedDue to bedOther conditions tobed

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank H. Heck M. D. of otherAddress Fredesack, Md. Date signed Sept 6, 1947

**RECEIVED**

SEP 9 1947

**BUREAU 78**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

07981

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County Frederick  
 City or town Thurmont. - rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime.  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Thurmont. - rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war No

## 3. (a) FULL NAME

Elsie Rebecca Davis.

## 3. (b) Social Security Number

None.

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife John M. Davis

7. Birth date of deceased (mo., day, yr.) February 18, 1885  
 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 62 Months 6 Days 16 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Thurmont, Frederick Co., Md.  
 (Town, county, and state)

10. Usual occupation Housewife11. Industry or business Home12. Name David E. Martin13. Birthplace Catoctin, Md.14. Maiden name Elizabeth Holtz15. Birthplace Catoctin, Md.16. Informant Mrs. Charles StitelyAddress Thurmont, Md.

17. Burial Date thereof Sept. 7, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Blue RidgeLocation Thurmont, Md.18. Funeral director M. L. Creager & SonAddress Thurmont, Md.

19. Sept. 7, 1947 Blanche S. Eyles  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 4, 1947 11:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3, 1946 to September 4, 1947  
 and that I last saw him alive on September 4, 1947

Immediate cause of death cerebral hemorrhage DURATION 2 hrs.

Due to hypertension 7Due to \_\_\_\_\_ 7Other conditions Chronic myocarditis 7

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE M. Frankl. Bush M.D.  
 M. D. or other \_\_\_\_\_

Address Thurmont, Md. Date signed Sept. 5, 1947

RECEIVED  
SEP 9 1947  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

07982

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 4/11/47  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 4/11/47

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Cecil  
 City or town Port Deposit  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. R.F.D. 1, Box 33  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ☒

## 3. (a) FULL NAME

Daisy Deckman

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband xxx Harry Deckman  
 7. Birth date of deceased (mo., day, yr.) June 7, 1921 6.(c) If alive, give age 37 years  
 8. AGE: Years 25 Months 3 Days 4 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Tennessee  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business \_\_\_\_\_

12. Name James Miller  
 13. Birthplace Tennessee  
 14. Maiden name Loretta Miller  
 15. Birthplace North Carolina  
Deceased

16. Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 17. Burial Date thereof Sept. 13, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hopewell Cem.  
 Location Port Deposit, Md. R.D.  
 18. Funeral director Lee A. Patterson  
 Address Perryville, Md.

19. Sept. 11 19 47  
 (Date rec'd by registrar) Registrar [Signature]

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 11 19 47 at 7:45 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 11 19 47 to Sept. 11 19 47  
 and that I last saw h. er alive on September 11 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 15 Mos.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_  
 \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE R. G. Salena M. D. xxx  
 Address State Sanatorium, Md. Date signed 9/11/47

RECEIVED  
SEP 13 1947  
BUREAU 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

07983

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 Years

Hospital, institution, or street address where death occurred:

138 West Patrick Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)Street No. 138 West Patrick Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

LAURA CORDELIA DELPHEY

## 3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife C. Grant Delphey6. (c) If alive, give age 81 years7. Birth date of deceased (mo., day, yr.) July 29, 1870

8. AGE: Years 77 Months 1 Days 15 If less than one day  
 hrs. min.

9. Birthplace Braddock-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER 12. Name Joseph Hildebrand  
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Anna Twentey  
 15. Birthplace Frederick County Maryland

16. Informant C. Grant Delphey  
 Address 138 W. Patrick St., Frederick, Md.

17. Burial 9/26/47  
 (Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or ~~crematory~~ Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 26 Sept 1947 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 24th, 1947 at 2:58A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1922 to Sept 24th 1947and that I last saw her alive on Sept. 21st 1947

Immediate cause of death

DURATION

Cerebral apoplexy 18 hrs  
arterio sclerosis  
and hypotension 25 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ulysses S. Bourne M. D.  
 M. D. or other

Address Frederick, Maryland Date signed 9-25-47

RECEIVED

SEP 27 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 139

07984

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 11/22/44  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 11/22/44

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester  
 City or town Pocomoke City  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 907 Second St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ✓

## 3. (a) FULL NAME

Mattie Devereaux

## 3. (b) Social Security Number

213-22-5021

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife

6. (c) If alive, give age ..... years  
 7. Birth date of deceased (mo., day, yr.) April 13, 1875

8. AGE: Years 72 Months 5 Days 14 If less than one day  
 ..... hrs. .... min.

9. Birthplace Virginia  
 (Town, county, and state)

10. Usual occupation Seamstress

11. Industry or business

FATHER 12. Name Johannas F. Byrd13. Birthplace VirginiaMOTHER 14. Maiden name Mary Martin15. Birthplace Virginia16. Informant Deceased

Address

17. Burial Date thereof Sept. 30, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Methodist CemeteryLocation Snow Hill, Md.18. Funeral director M. L. Creager & SonAddress Thurmont, Maryland19. Sept. 29 19 47  
 (Date rec'd by registrar) Registrar J. D. [Signature]

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 27 19 47 10:30 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 22 19 44 to Sept. 27 19 47and that I last saw her alive on September 27 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 46 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

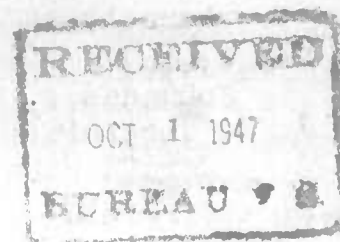
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. G. Green M. D. [Signature]Address State Sanatorium, Md. Date signed 9/29/47



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1246

## CERTIFICATE OF DEATH

Reg. Dist. No. 0736531

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 days  
Hospital, institution, or street address where death occurred  
Frederick Memorial Hospital  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Carroll  
City or town Chiron Bridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

William A. Ebbert

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) 1902 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 45 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Carroll County, Md  
(Town, county, and state)

10. Usual occupation mechanic

11. Industry or business Auto

12. Name William A. Ebbert

13. Birthplace Maryland

14. Maiden name Emma R. Martin

15. Birthplace Maryland

16. Informant William A. Ebbert

Address Westminster Md. R. D.

17. Burial Date thereon Sept 4-1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Int. Our American

Location Chiron Bridge, Md

18. Funeral director D. H. Hartley & Sons

Chiron Bridge & New London Md

19. Sept 3 1947 Elizabeth G. Hock  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2 1947 at 12:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 27 to Sept 2 1947

and that I last saw him alive on Sept 2 1947

Immediate cause of death Myocardial Infarction

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. A. Ebbert M. D. or other \_\_\_\_\_

Address Chiron Bridge Date signed Sept 2

MARGIN RESERVED FOR BINDING

VS 415 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 6 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

07986

117a

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 days  
 Hospital, institution, or street address where death occurred:  
Fred. Memorial Hospital  
 How long in hospital or institution? 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants, give residence of mother)

State md. County Frederick  
 City or town Mt Pleasant  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war World War I

## 3. (a) FULL NAME

Greenberry Ecker  
 4. Sex m 5. Color or race w 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Mary E. Haines  
 7. Birth date of deceased (mo., day, yr.) Jan. 28, 1889  
 6. (c) If alive, give age 48 years

8. AGE: Years 58 Months 7 Days 12 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Unionville, Fred. Co., Md.  
 (Town, county, and state)

10. Usual occupation Foreman - Road work

11. Industry or business \_\_\_\_\_

12. Name David W. Ecker

13. Birthplace Fred. Co.

14. Maiden name Elizabeth West

15. Birthplace Fred. Co.

16. Informant Mrs Mary Ecker

Address Frederick, Route 1

17. Burial Burial Date thereof Sept 13, 1947  
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Union Chapel

Location Mt Liberty town

18. Funeral director J. C. Boston

Address Walkersville, Md.

19. 12 Sept 1947 Elizabeth G. Hecker  
 (Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 10 September 1947 at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 May 1947 to 10 Sept 1947  
 and that I last saw him alive on 10 Sept 1947

Immediate cause of death Generalized peritonitis DURATION 2 wks

Due to Perforated peptic ulcer 2 wks

Due to \_\_\_\_\_

Other conditions Coronary artery disease 5 years

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE James E. Hones, Jr. M.D.

Address Walkersville Date signed 12 Sep 47

RECEIVED  
SEP 13 1947  
BUREAU U S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital  
2 hrs.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Rural  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Mt. Airy  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Bruce Ward Ellsworth

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

B. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Sept. 26, 1947

8. AGE:

Years

Months

Days

If less than one day

0002 hrs.

min.

9. Birthplace Frederick, Maryland  
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

12. Name Bruce C.M. Ellsworth

13. Birthplace

Arkansas

14. Maiden name

Andrew M. Bushman

15. Birthplace

Maryland

16. Informant

Hospital Record

Address

17. Burial  
(Burial, cremation, or removal, which?)Date thereof 9-27-47  
(month) (day) (year)

Cemetery or crematory

Prospect

Location

Mt. Airy, Fred. Co. Maryland

18. Funeral director

B. M. West

Address

Winfield, Md19. 26 Sept 19 47  
(Date rec'd by registrar)Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 26 19 47 at 10:05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 26 19 47 to Sept. 26 19 47and that I last saw him alive on Sept. 26 19 47

Immediate cause of death

Atelectasis

DURATION

2 hrs.

Due to

Prematurity

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

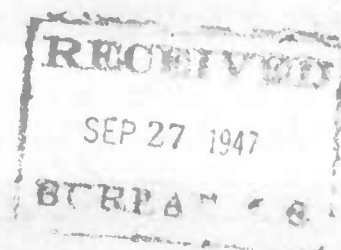
Injured at work?

23. SIGNATURE

Johnny Grubill - M.D.

M. D. or other

Address Mt Airy Date signed 9/26/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

07988

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 DayHospital, institution, or street address where death occurred:  
East Patrick St. & Hamilton Avenue

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2. (a) If veteran, name war World War II

## 3. (a) FULL NAME

CLARENCE R. ESHLEMAN

## 3. (b) Social Security Number

217-10-2722

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
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6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) September 24, 1924

8. AGE:	Years <u>23</u>	Months <u>0</u>	Days <u>4</u>	If less than one day _____ hrs. _____ min.
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9. Birthplace Maryland  
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name John Eshleman13. Birthplace Welsh Run, Pennsylvania14. Maiden name Lillian V. Wilks15. Birthplace Virginia16. Informant John EshlemanAddress Fountain Head Heights, Md.17. Burial National Cemetery  
(Burial, cremation, or removal. Which?) Date thereof 10/1/47  
(month) (day) (year)

Cemetery or crematory

Location Sharpsburg, Maryland18. Funeral director Suter Funeral HomeAddress Hagerstown, Maryland19. 29 Sept 1947 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 28th 1947 at 12:45AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ to \_\_\_\_\_

and that I last saw him in DEAD September 28, 1947Immediate cause of death Fracture of skull DURATION+ left leg. lacerationof vessels. Shock

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 9-28-47Where did injury occur? Frederick, Frederick, Md  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) E. Potomac Co.Means of injury cluto Injured at work?

Deputy Medical Examiner

23. SIGNATURE P. W. BanAddress Frederick, Maryland Date signed 9-29-47

RECEIVED

OCT 2 1947

BUREAU \* 11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 134

## 1. PLACE OF DEATH:

County Fredrick  
 City or town Emmitsburg Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Now long in above place of death? 3-6 yrs  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County Fredrick  
 City or town Emmitsburg Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. About 5 M. N. of Emmitsburg  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war 1st World War

## 3. (a) FULL NAME

Russell D. Ferguson

## 3. (b) Social Security Number

162-22-7806

## 4. Sex

M

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

Single

## 8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 21 - 1894  
 8. AGE: Years 53 Months 3 Days 18 It less than one day  
 8. (c) If alive, give age years

9. Birthplace Emmitsburg MD  
 (Town, county, and state)  
 10. Usual occupation Librarian  
 11. Industry or business

## 12. Name

Annemiss Ferguson

## 13. Birthplace

Emmitsburg MD

## 14. Maiden name

Carrie Miller

## 15. Birthplace

Emmitsburg MD

## 16. Informant

Mrs Geo. Salt

## Address

Schillersville MD

## 17. (Burial, cremation, or removal, Which?)

Burial

## Cemetery or crematorium

Blue Ridge Cem

## Location

Thurmont MD

## 18. Funeral director

M. L. Cresger

## Address

Thurmont MD

19. Sept-11 19 47 M.F. Smith  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 19 47, at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him 17 days on Sept 9 19 47  
 Immediate cause of death Coronary occlusion  
 DURATION Immediate

Due to  
 Due to  
 Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide  
 Date of

Where did injury occur?  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE P. W. Baer DR. R. W. BAER  
 Address Fredrick, Md M. D. or other  
 Date signed 9.9.47

RECEIVED  
SEP 16 1947  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07990

Reg. Dist. No. 138

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 years  
 Hospital, institution, or street address where death occurred:  
Near Pearl  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near Pearl  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

WILLIAM THOMAS FOGLE

3. (b) Social Security Number  
None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M  
 6. (b) Name of husband or wife Alice Biddinger  
 6. (c) If alive, give age 55 years  
 7. Birth date of deceased (mo., day, yr.) March 2, 1877  
 8. AGE: Years 70 Months 6 Days 16 If less than one day  
 .....hrs. ....min.

9. Birthplace Mount Pleasant-Frederick-Maryland  
 (Town, county, and state)  
 10. Usual occupation Farm Laborer  
 11. Industry or business

FATHER 12. Name James Edward Fogle  
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Mary Flautt  
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Alice Fogle  
 Address R. F. D. #1, Frederick, Maryland

17. Burial Date thereof 9/20/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Frederick Memorial Park  
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 19 Sept 1947 Lucian K Fokore  
 (Date rec'd by Registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 18, 1947 at 3:30A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 1947 to date 9/18/47  
 and that I last saw him alive on Sept 18 1947.  
 Immediate cause of death Cerebral thrombosis

## DURATION

Due to .....  
 Other conditions .....  
 (Include pregnancy within 8 months of death)

Major findings of operations .....  
 Date of op. ....

Autopsy results .....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide ..... Date of .....  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) .....  
 Means of injury Injured at work?

23. SIGNATURE H. G. Bourne, Sr. M. D.  
 Address Frederick, Maryland Date signed 9-19-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

07991

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 8/6/47  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 8/6/47

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Anne Arundel  
 City or town Annapolis  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 24 Market Space  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war. ✓

## 3. (a) FULL NAME

Harry Ford

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife  
 6.(c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.) 9/15/1899  
 8. AGE: Years 48 Months 0 Days 14 If less than one day  
 ..... hrs. .... min.

9. Birthplace Herring Bay, Md.  
 (Town, county, and state)  
 10. Usual occupation Bartender  
 11. Industry or business  
 FATHER 12. Name John Ford  
 13. Birthplace Anne Arundel Co., Md.  
 MOTHER 14. Maiden name Maggie Rogers  
 15. Birthplace Anne Arundel Co., Md.  
 16. Informant Deceased

Address  
 17. Burial Date thereof Oct. 4, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Shelburne  
 Location Deale, Md.  
 18. Funeral director J. C. Hardesty & Son  
 Address Galesville, Md.  
 19. Sept. 29 19 47  
 (Date rec'd by registrar) Registrar J. H. Am

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 29 19 47 at 7:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
August 6 19 47 to Sept. 29 19 47  
 and that I last saw him alive on September 29 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 4 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

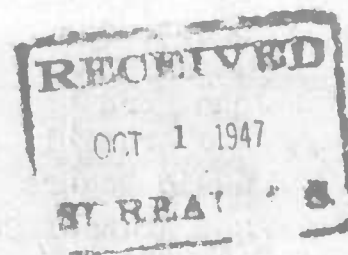
Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. G. Sacari M. D. XXXXXXAddress State Sanatorium, Md. Date signed 9/29/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

PRC

07992

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 5/19/47  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? 5/19/47

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 2322 E. North Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Anna Frances Glos

## 3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced separated

8. (b) Name of husband or wife \_\_\_\_\_

8. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1920  
 8. AGE: Years 26 Months 11 Days 3 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Baltimore, Md.  
(Town, county, and state)10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Frank Slifker13. Birthplace Baltimore, Maryland14. Maiden name Anna Rader15. Birthplace Baltimore, Maryland16. Informant Deceased

Address \_\_\_\_\_

17. Burial Date thereof Sept. 12, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. CarmelLocation Baltimore, Md.

18. Funeral director M. L. Creager and Son  
Thurmont, Maryland

Address \_\_\_\_\_

19. 9/6 1947  
 (Date rec'd by registrar) Registrar J. B. Lynn

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 5, 1947 4:55 p. m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19, 1947 to Sept. 5, 1947  
 and that I last saw him/her alive on Sept. 5, 1947

Immediate cause of death Pulmonary Tuberculosis  
 DURATION 76 mos.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE R. G. Breen M. D. XXXXXAddress State Sanatorium, Md. Date signed 9/6/47

RECEIVED  
SEP 29 1947  
BUREAU • A

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

07993

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital  
Since September 23, 1947  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #4  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near Feagaville  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war. None

## 3. (a) FULL NAME

MARY ATHALENE HARGETT

## 3. (b) Social Security Number

None

## 4. Sex

F

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife Claude Hargett6. (c) If alive, give age 64 years7. Birth date of deceased (mo., day, yr.) November 1, 1884

8. AGE: Years 62 Months 10 Days 28  
 If less than one day  
 ..... hrs. .... min.

9. Birthplace Jefferson-Frederick-Maryland  
 (Town, county, and state)  
 10. Usual occupation At Home

## 11. Industry or business

FATHER 12. Name Abner D. Doty  
 13. Birthplace Wisconsin

MOTHER 14. Maiden name Emily Porter  
 15. Birthplace Frederick County Maryland

16. Informant Claude Hargett  
 Address R. F. D. #4, Frederick, Md.

17. Burial 10/1/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery  
Frederick, Maryland  
 Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland  
 Address

19. 29-Sept 1947 Elizabeth G. Hech  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1947 at 8:55 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Sept 23 1947 to Sept 29 1947  
 and that I last saw him alive on Sept 28 1947

Immediate cause of death Cerebral hemorrhage DURATION 6 days

Due to Arteriosclerosis of cerebral vessels  
 Due to

Other conditions Heart Block 50 yrs

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury Injured at work?

23. SIGNATURE G. P. Bruce M. D.Address Jefferson Rd M. D. or otherDate signed 9/29/47

MARGIN RESERVED FOR BINDING

VS A15

9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 2 1947

BUREAU

07994

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

181

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Adamstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Adamstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2. (a) If veteran, name war World War II

## 3. (a) FULL NAME

THOMAS NOBLE HARWOOD

## 3. (b) Social Security Number

217-07-14264. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) June 7, 19098. AGE: Years 38 Months 3 Days 21 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Adamstown-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Laborer

## 11. Industry or business

12. Name Clinton B. Harwood  
13. Birthplace Frederick County Maryland14. Maiden name Dollie Moore  
15. Birthplace Bunkerhill, West Virginia16. Informant Mrs. Dollie Harwood  
Address Adamstown, Maryland17. Burial 9/30/47  
(Burial, cremation, or removal. When?) (month) (day) (year)Cemetery or crematory Mount Olivet Cemetery  
Location Frederick, Maryland18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland19. 29 Sept 47 Elizabeth G. Hoch  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 28, 1947 at 7:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ To \_\_\_\_\_  
and that I last saw him DEAD September 28, 1947Immediate cause of death Asphyxiation2 2 3 degree  
burns

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 9-28-47Where did injury occur? Adamstown, Frederick, Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury fat Matress on fire Injured at work? noP. W. Bau Deputy Medical Examiner

23. SIGNATURE \_\_\_\_\_ M. D. or other

Address Frederick, Maryland Date signed 9-29-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 2 1947

BUREAU # 8

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

07995

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County Frederick  
City or town Frederick-Rural R. F. D. #4  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
Near Church Hill

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town Frederick-Rural R. F. D. #4  
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Church Hill  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

EDWARD PHILIP JOSHUA HAWKER

## 3. (b) Social Security Number

None4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W6. (b) Name of husband or wife Dora Susan Whipp

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) June 15, 18698. AGE: Years 78 Months 2 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Church Hill-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Farmer

## 11. Industry or business

12. Name George W. Hawker  
13. Birthplace Frederick County Maryland14. Maiden name Catherine Zimmerman  
15. Birthplace Frederick County Maryland16. Informant G. Edgar HawkerAddress R. F. D. #4, Frederick, Md.17. Burial Date thereof 9/11/47  
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Reformed CemeteryLocation Church Hill-Frederick, Md. R.D. #418. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland19. 10 Sept 1947 Elizabeth G Hecks  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 8th 1947 at 6:45 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 8 1947 to Sept 8 1947 and that I last saw him Heads down on Sept 8 1947

Immediate cause of death

Apparent Coronary Occlusion

DURATION

5 miDue to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE \_\_\_\_\_

M. D. or other

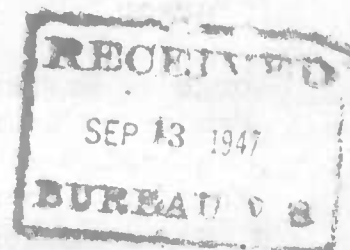
Address Jefferson, Maryland Date signed 9-10-47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07996

Reg. Dist. No. 145

## 1. PLACE OF DEATH:

County FrederickCity or town Myersville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Myersville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war no

## 3. (a) FULL NAME

Alta Maude Horine

## 3. (b) Social Security Number

none4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widow6. (b) Name of husband or wife Joshua Horine7. Birth date of deceased (mo., day, yr.) Oct. 17, 1874 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years 72 Months 10 Days 25 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Myersville, Frederick Co., Md.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Isiah Cline13. Birthplace Myersville, Md.14. Maiden name Manzella Shank15. Birthplace Myersville, Md.16. Informant Mrs. May ShankAddress Myersville, Md.17. Burial Date thereof Sept 15, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Myersville18. Funeral director Bladhill Co.Address Middletown, Md.19. Sept 15, 1947 Edgar Bladhill  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 12, 1947 at 11:05 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 47 to Sept 12, 1947and that I last saw her alive on Sept 10, 1947

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Carcinoma Stomach ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE E. Harp MD M. D. or other \_\_\_\_\_Address Middletown Date signed 9-13-47

RECEIVED  
SEP 17 1947  
BUREAU OF A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

07997

144

## 1. PLACE OF DEATH:

County Frederick  
 City or town Mountaindale - rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Mountaindale - rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. No  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Helen Grace Kaufman.

## 3. (b) Social Security Number

None.

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife William E. Kaufman  
 6.(c) If alive, give age 62 years  
 7. Birth date of deceased (mo., day, yr.) August 25, 1888.  
 8. AGE: Years 59 Months I Days 4 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Lewistown, Frederick Co, Md.  
 (Town, county, and state)  
 10. Usual occupation Housewife

11. Industry or business Home  
 12. Name Frank Harne  
 13. Birthplace Wolfsville, Md.  
 14. Maiden name Lavinia Holt.  
 15. Birthplace Lewistown, Md.

16. Informant William E. Kaufman  
 Address Frederick, R.F.D. Md.

17. Burial Date thereof October 2, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Lewistown Cemetery  
 Location Lewistown, Md.

18. Funeral director M. L. Creager & Son  
 Address Thurmont, Md.

19. Oct 2, 1947 19 Blanche S. Eyles  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 29, 1947 2:30PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 28, 1947 to September 29, 1947  
 and that I last saw him alive on September 28, 1947

Immediate cause of death Chronic myocarditis DURATION ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Atherosclerosis

(Include pregnancy within 8 months of death)

Major findings of operation none

Date of op. \_\_\_\_\_

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

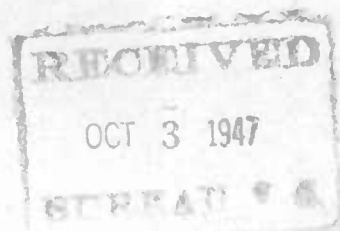
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE M. Franklin Birch M. D. or other  
 Address Thurmont, Md. Date signed Oct 1, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

07998

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 35 years  
 Hospital, institution, or street address where death occurred:  
103 East Second Street  
 How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 103 East Second Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

IDA VIRGINIA KEISER

## 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Charles W. Keiser  
 6. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 4, 1869  
 8. AGE: Years 78 Months 2 Days 14 If less than one day ..... hrs. .... min.

9. Birthplace Rocky Spring-Frederick-Maryland  
 (Town, county, and state)  
 10. Usual occupation At Home

## 11. Industry or business

FATHER 12. Name George Measel  
 13. Birthplace Frederick County Maryland  
 MOTHER 14. Maiden name Julianne Staley  
 15. Birthplace Frederick County Maryland

16. Informant Miss Thersa C. Keiser  
 Address 103 E. 2nd St., Frederick, Md.

17. Burial Burial Date thereof 9/20/47  
 (Burial, cremation, or removal-Which?) (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
 Location Frederick, Maryland  
M. R. Etchison and Son

18. Funeral director Frederick, Maryland  
 Address

19. 19-Sept 19-47 Elizabeth L. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 18, 1947 at 10:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 3d, 1947 to Sept. 18th 1947  
 and that I last saw her er alive on September 18th, 1947

Immediate cause of death Cerebral Accident DURATION 9/15/47

Due to Cardiovascular condition long

Due to period of years

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE C. H. Conley M. D.

Address Frederick, Maryland Date signed 9-19-47

RECEIVED  
SEP 22 1947  
BUREAU 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The color of age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

07999

## CERTIFICATE OF DEATH

Reg. Diat. No. 132

## 1. PLACE OF DEATH:

County FrederickCity or town Middletown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 27 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Lovetta C. Kepler4. Sex female5. Color or race white6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Ornum Kepler6. (c) If alive, give age 74 years7. Birth date of deceased (mo., day, yr.) Jan. 22, 18768. AGE: Years 71 Months 7 Days 10 hrs. min.9. Birthplace Burkittsville, Frederick Co., Md.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name William L. Sington13. Birthplace Burkittsville, Md.14. Maiden name Laura Beachley15. Birthplace Burkittsville, Md.16. Informant Earl M. KeplerAddress Middletown17. Burial Date thereof Sept. 14, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Middletown, Md.18. Funeral director Gladhill Co.Address Middletown, Md.19. Sept 14 19 47 Maie Gladhill  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Middletown  
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war no

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 12, 1947 at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Sept 5 19 47 to Sept 12 19 47and that I last saw her alive on Sept 11 19 47

Immediate cause of death

Cerebral Hemorrhage

DURATION 7 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE L E Arp MDAddress MiddletownDate signed 9-13-47

RECEIVED  
SEP 22 1947  
BUREAU OF

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 0800031

### 1. PLACE OF DEATH:

County Frederick  
City or town Buckeystown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 85 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Buckeystown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. (If rural, give LOCATION)  
2.(a) If veteran, name war None

### 3. (a) FULL NAME

CATHERINE KRIEG

### 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single  
8. (b) Name of husband or wife  
7. Birth date of deceased (mo., day, yr.) April 24-1853  
8. AGE: Years 94 Months 4 Days 20 If less than one day  
min.

9. Birthplace Baltimore, Maryland  
(Town, county, and state)  
10. Usual occupation Housekeeper  
11. Industry or business

12. Name William Krieg  
13. Birthplace Germany  
14. Maiden name Mary Martell  
15. Birthplace Germany

16. Informant Miss Ella Krieg  
Address Buckeystown, Md.

17. Burial Date thereof Sept. 16-47  
(Burial, cremation, or removal, Which?) (month) (day) (year)  
Cemetery or crematory Mount Olivet Cemetery  
Location Frederick, Maryland

18. Funeral director C.E. Cline and Son  
Address Frederick, Maryland

19. 15 Sept 47 Elizabeth G. Heck  
(Date rec'd by Registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 13 19 47 at 8:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 47 to Jan 13 19 47  
and that I last saw him alive on Jan 12 19 47

Immediate cause of death Hypostatic Pneumonia DURATION 2 days

Due to to chronic myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. M. Smith M.D. M. D. or other

Address Frederick Md. Date signed 9-15-47

MARGIN RESERVED FOR BINDING

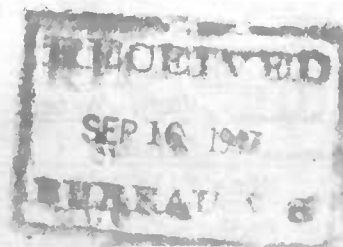
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VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

## CERTIFICATE OF DEATH

08001

Reg. Dist. No. 139

### 1. PLACE OF DEATH:

County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 7/9/47  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 7/9/47

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County   
City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 2825 O'Donnell St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Frank Kuchta

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Separated

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) August 20, 1899 6. (c) If alive, give age  years

8. AGE: Years 48 Months 1 Days 4 It less than one day  hrs.  min.

9. Birthplace Baltimore, Maryland  
(Town, county, and state)

10. Usual occupation Lithographer

11. Industry or business

12. Name John Kuchta

13. Birthplace Poland

14. Maiden name Augusta Kecel

15. Birthplace Germany

18. Informant Walter Kuchta (Brother)

Address 2806 Dillion St., Balto., Md.

17. Burial Date thereof Sept 27/47  
(Burial, cremation, or removal. Which? (month) (day) (year))

Cemetery or crematory St. Stanislaus Cem

Location Highlandtown, Balto. Md.

18. Funeral director Marie E. Trachowski

Address 1000 S. Lenwood ave

19. Sept. 25 19 47  
(Date rec'd by registrar) Registrar J. D. [Signature]

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 24 19 47 at 7:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 19 47 to Sept. 24 19 47 and that I last saw him in alive on September 24 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 20 Mos

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations  Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide  Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of Injury Injured at work?

23. SIGNATURE R. W. Baccin M. D. XXXX

Address State Sanatorium, Md. Date signed 9/25/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 26 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Fredrick Co  
 City or town Adamstown - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 yrs  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredricks  
 City or town Adamstown - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name War \_\_\_\_\_

## 3. (a) FULL NAME

Elizabeth Rebecca Lumbert

## 3. (b) Social Security Number

4. Sex Female 5. Color or race W 6.(a) Single, married, widowed, or divorced Widow  
 6.(b) Name of husband or wife Henry S Lumbert  
 7. Birth date of deceased (mo., day, yr.) Apr 11 1867 8.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 1867 Months 80 Days 5 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Fredrick Co Md  
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business W

FATHER 12. Name Benzjamin Lundy  
 13. Birthplace Md

MOTHER 14. Maiden name Connolly - Calabury  
 15. Birthplace Md

16. Informant Mrs H B Hancock  
 Address Adamstown Md

17. Burial (Burial, cremation, or removal Which?) Date thereof 9/29/47  
 (month) (day) (year)

Cemetery or crematory Forest Oak Cemetery  
 Location Faithurstburg Md

18. Funeral director Paul B Yantow  
 Address Faithurstburg Md

19. 27-Sept 1947 Elizabeth S. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1947 at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4 1946 to Sept 27 1947  
 and that I last saw him alive on Sept 5 1947

Immediate cause of death Angina Pectoris DURATION 1 1/2 hours

Due to Cardio Vascular Disease years

Due to \_\_\_\_\_

Other conditions General senile degeneration  
 (Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Ch Couley M. D. or other

Address Fredricks Alle Date signed 9/27 47

CERTIFICATE OF DEATH

THIS CERTIFICATE IS TO BE FILLED OUT BY THE REGISTRAR OF DEATHS

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DEPARTMENT OF HEALTH

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SEP 30 1947  
BUREAU

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## Reg. Dist. No. 131

By Sale & dam. 156 5/11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 17 1947

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:  
County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
How long in hospital or institution? Since September 10, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
Frederick-Rural R. F. D. #4  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Near Buckeystown  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

### 3. (a) FULL NAME

LUTHER FRANKLIN MAGAHA

### 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Daisy Darr  
6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) October 28, 1879

8. AGE: Years 67 Months 10 Days 25 If less than one day  
.....hrs. ....min.

9. Birthplace Petersville-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER 12. Name Luther F. Magaha, Sr.  
13. Birthplace Loudoun County Virginia

MOTHER 14. Maiden name Julia Bond  
15. Birthplace Loudoun County Virginia

16. Informant Mrs. Daisy Magaha  
Address R. F. D. #4, Frederick, Maryland

17. Burial Mount Olivet Cemetery Date thereof 9/26/47  
(Burial, cremation, or removal, whichever) (month) (day) (year)  
Cemetery or crematory Frederick, Maryland  
Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland  
Address

19. 24 Sept 1947 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 23rd, 1947, at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 4 1947 to Sept 23 1947  
and that I last saw him alive on Sept 23 1947

Immediate cause of death Leukemia (myeloid) DURATION 2 mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. D. Thomas M. D.  
M. D. or other

Address Frederick, Maryland Date signed 9-23-47

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VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 25 1947  
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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08005

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 Years

Hospital, institution, or street address where death occurred:

350 West Patrick Street

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 350 West Patrick Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

### 3. (a) FULL NAME

MILDRED KATHERINE MARKEN

### 3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Raymond E. Marken

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) August 12, 1910

8. AGE: Years 37 Months 1 Days 18 If less than one day  
..... hrs. .... min.

9. Birthplace Frederick County Maryland  
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Elmer Ray  
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Birdie Bare  
15. Birthplace Frederick County Maryland

16. Informant Miss Patsy R. Marken  
Address 350 W. Patrick St., Frederick, Md.

17. Burial Mount Olivet Cemetery  
(Burial, cremation, or removal. When?) Date thereof 10/3/47  
(month) (day) (year)

Cemetery or crematory Frederick, Maryland  
Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland  
Address

19. 2 Oct 47 Elizabeth S. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 30, 1947, 8:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 47 to Sept 29 47  
and that I last saw him alive on Sept 29 47

Immediate cause of death Bronchogenic Carcinoma with metastases DURATION 7

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. Clark M. D.  
M. D. or other

Address Frederick, Maryland Date signed 10-2-47

MARGIN RESERVED FOR BINDING

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9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 3 1947  
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08006

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick,City or town State Sanatorium, Maryland.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Since 5/26/47

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis SanatoriumHow long in hospital or institution? Since 5/26/47

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland. County .....City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)Street No. 2006 E. Hoffman St.  
(If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Mrs. Sarah C. McGinnis

## 3. (b) Social Security Number

212-10-7040

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Henry McGinnis6. (c) If alive, give age 43 years

7. Birth date of

deceased (mo., day, yr.) 12/23/1905

8. AGE:

Years

Months

Days

If less than one day

41926

hrs.

min.

9. Birthplace

Baltimore, Maryland.

(Town, county, and state)

10. Usual occupation

Bartender

11. Industry or business

MOTHER FATHER

12. Name

John De Vere

13. Birthplace

Baltimore, Maryland.

14. Maiden name

Mary Burke

15. Birthplace

Baltimore, Maryland.

16. Informant

Deceased

Address

State Sanatorium, Maryland.

17.

BurialDate thereof Sept. 22, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Moreland Memorial Cemetery

Location

Baltimore, Maryland

18. Funeral director

Elmer W. Conklin & Son

Address

924 E. Eager St. Baltimore, Maryland

19.

9/19/47

19

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18 19 47 at 3:35 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 2619 47, to Sept. 1819 47and that I last saw her alive on 9/18/47

Immediate cause of death

Pulmonary Tuberculosis

DURATION

11 mos.

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Date of .....

Where did injury occur? .....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work?

23. SIGNATURE

R. W. GreenM. D. GreenState Sanatorium, Md.Date signed 9/19/47

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SEP 20 1947

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 193

## CERTIFICATE OF DEATH

Reg. Dist. No. 134

### 1. PLACE OF DEATH:

County Frederick  
City or town Emmitsburg Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Emmitsburg Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 1 Mile S. E. of Emmitsburg  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

HARVEY E. MILLER

### 3. (b) Social Security Number

none

4. Sex m 5. Color or race w 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Minnie S. Miller

7. Birth date of deceased (mo., day, yr.) March 3, 1897 6. (c) If alive, give age years

8. AGE: Years 50 Months 6 Days 13 If less than one day hrs. min.

9. Birthplace Frederick Co. Md.  
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name George W. Miller

13. Birthplace Md.

14. Maiden name Emma J. Harbaugh

15. Birthplace Md.

16. Informant Mrs. Harvey E. Miller

Address Emmitsburg, Md.

17. Burial Date thereof Sept 19, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Memorial Park

Location Frederick, Md.

18. Funeral director Boaguss & Son

Address Danvers, Md.

19. Sept-16 19 47 M.F. Shuff  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH 16 SEPTEMBER 19 47, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NEVER 19 19 to 19 47

and that I last saw him dead alive on 16 SEPTEMBER 19 47

Immediate cause of death Accidental electrocution DURATION Instant

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 16 Sept. 1947

Where did injury occur? Emmitsburg, Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Farm

Means of Injury Accidentally came in contact with live wire Injured at work? yes

23. SIGNATURE Charles H. Conley, M.D.  
Asst. Dep. Med. Examiner M.D. or other

Address Frederick, Maryland Date signed 16 Sept. 1947

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VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 19 1947

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PLEASE WRITE PLAINLY, WITHOUT FADING INK. Supply every item of information carefully. Include correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 4 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Mt. Airy  
(If outside city or town limits, write RURAL and give nearest town)Street No. Route 1 Mt. Airy md  
(If rural, give LOCATION)

2(a) If veteran, name war

## 3. (a) FULL NAME

William O. Moss

## 3. (b) Social Security Number

4. Sex

Male

5. Color of race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mrs Bessie Moss

7. Birth date of deceased (mo., day, yr.)

May 24 - 18865. (c) If alive, give age 58 years

8. AGE:

Years

Months

Days

If less than one day

6142

hrs.

min.

9. Birthplace

Berkes Garden - Virginia  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Frank Moss

13. Birthplace

Virginia

MOTHER

14. Maiden name

Melvin S. Barnes

15. Birthplace

Virginia

16. Informant

Mrs Bessie J. Moss

Address

Mt Airy - Maryland

17.

(Burial, cremation, or removal of body)

Date thereof

Sept 28 - 1947  
(month) (day) (year)

Cemetery or crematory

Pine Grove Cem.

Location

Mt Airy - Maryland - Carroll

18. Funeral director

G. M. Walz

Address

Winfield, Md.

19.

(Date rec'd by registrar)

26 Sept 1947Elizabeth G. Hook

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 26 19 47 at 4:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 22 19 47 to September 25 19 47and that I last saw him alive on September 25 19 47

Immediate cause of death

acute coronary thrombosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

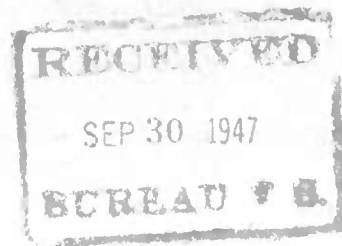
23. SIGNATURE

A. Austin Reese M.D.  
M. D. or other

Address

Frederick, Md.

Date signed



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 Year

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital  
How long in hospital or institution? Since September 18, 19472. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 244 Carroll Parkway  
(If rural, give LOCATION)2(a) If veteran, name war None

## 3. (a) FULL NAME

VERNON LINLEY PEACE

## 3. (b) Social Security Number

None4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W6. (b) Name of husband or wife Jennie Mayvory

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) April 2, 18738. AGE: Years 74 Months 5 Days 20 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Yorkshire, England  
(Town, county, and state)10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

FATHER 12. Name Unknown13. Birthplace UnknownMOTHER 14. Maiden name Unknown15. Birthplace Unknown18. Informant G. Horton PeaceAddress 244 Carroll Parkway, Frederick, Md.17. Removal Date thereof 9/23/47  
(Burial, cremation or removal, which?) (month) (day) (year)

Cemetery or crematory \_\_\_\_\_

Location Burlington, Vermont18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 22 Sept 1947 Elizabeth L. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 22, 1947 at 5:40A21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1, 1947 to Sept. 22, 1947and that I last saw him alive on Sept. 22, 1947

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Angina Pectoris 2 mo.

Due to \_\_\_\_\_

Cornary Thrombosis 6 mo.

Due to \_\_\_\_\_

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. A. Pearce M. D.Address Frederick, Maryland Date signed 9-22-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 25 1947  
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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

08010

131

## 1. PLACE OF DEATH:

County Frederick CoCity or town Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency HospitalHow long in hospital or institution? 8 Day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 229 West South St  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Margaret Elizabeth Plaine

## 3. (b) Social Security Number

4. Sex Female5. Color or race white6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Oliver H. PlaineDeceased

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October - 4 - 18608. AGE: Years 86 Months 11 Days 7 If less than one day  
.....hrs. ....min.9. Birthplace Frederick Co.  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name John Shue maker13. Birthplace Frederick Co.14. Maiden name Savilla Eyles15. Birthplace Frederick Co16. Informant Mrs. Chas AndrewAddress Frederick Maryland17. Burial Date thereof Sept - 15 - 1947  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Hugh Church CemeteryLocation Near Ladysburg Md18. Funeral director C. E. Clive & SonAddress Frederick Maryland19. 13-Sept 1947 Elizabeth D. Hersh  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 11 1947, at 5:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5 am 1946 to Sept 11 1947and that I last saw him alive on Sept 10 1947Immediate cause of death Cerebral Hemorrhage DURATION 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

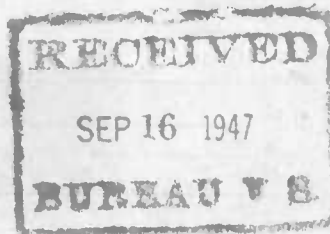
23. SIGNATURE Bernard Thomas M.D.Address Frederick, Md Date signed 9/13/47

MARGIN RESERVED FOR BINDING

VS A15

9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



*Rev B. O. Thomas Jr.*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

08011

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 35 years  
 Hospital, institution, or street address where death occurred:  
608 Trill Ave  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 608 Trill Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

Nena Knatt Reifsnider

## 3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married  
 8. (b) Name of husband or wife Robert Reifsnider  
 6. (c) If alive, give age 67 years  
 7. Birth date of deceased (mo., day, yr.) March 17 1880  
 8. AGE: Years 67 Months 6 Days 14 If less than one day  
 hrs. min.

9. Birthplace Frederick Co., Md.  
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER  
 12. Name David T. Knatt  
 13. Birthplace Emmausburg Md  
 14. Maiden name Frances M. Wham  
 15. Birthplace Buckhystown, Md

16. Informant Mrs. Robert Mercier  
 Address Frederick Md

17. Burial Date thereof 9/24/47  
 (Burial, cremation, or removal of body) (month) (day) (year)

Cemetery or crematory Mt. Olivet  
 Location Frederick, Md

18. Funeral director Harry E. Gandy Co  
 Address Frederick, Md.

19. 24 Sept 1947 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1947 at 8:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 8 1947 to Sept 27 1947  
 and that I last saw him or alive on Sept 27 1947

Immediate cause of death Coronary Decomposition DURATION 2 weeks

Due to Coronary Vascular Disease 2 years

Due to none

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE H. Laurence Fehring MD M. D. or other  
 Address Frederick Md Date signed 9-23-47

RECEIVED

SEP 25 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

08012

## CERTIFICATE OF DEATH

Reg. Dist. No. 134

## 1. PLACE OF DEATH:

County Frederick  
 City or town St. Anthony's  
 (If outside city or town limits, write RURAL and give nearest town)  
Lifetime  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town St. Anthony's  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Edward ~~Anthony~~ Ridenour

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife Clara Wetzell Ridenour  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) June 1, 1872  
 8. AGE: Years 75 Months 3 Days 7 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Emmitsburg, Frederick Co., Md  
 (Town, county, and state)

10. Usual occupation Laborer11. Industry or business Farm

MOTHER FATHER  
 12. Name George Ridenour  
 13. Birthplace Emmitsburg, Md.

14. Maiden name Laura Shriner  
 15. Birthplace Emmitsburg, Md.

16. Informant John Ridenour.  
 Address Emmitsburg, Md.

17. Burial Date thereof Sept. 11, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Mt. St. Mary's  
Mt. St. Mary's, Md.  
 Location M. L. Creager & Son

18. Funeral director Thurmont, Md.  
 Address

19. Sept 10 19 47 M. F. Shuff  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 8, 1947 3:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 22 19 47 to Sept 1 19 47  
 and that I last saw him alive on Sept 1 19 47

Immediate cause of death Cerebral Hemorrhage  
 DURATION 17 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE James H. Gray M.D.  
 Address Thurmont, Md. Date signed 9/10/47

RECEIVED  
SEP 13 1947  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Q8C13

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 1/27/47  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 1/27/47

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 212 N. Monroe St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Louis Romig

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1883 8. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 63 Months 10 Days 4 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Germany  
 (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

12. Name George Romig13. Birthplace Germany14. Maiden name Charlotte Ashbocher15. Birthplace Germany16. Informant Deceased

Address \_\_\_\_\_

17. Burial Date thereof September 24, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Loudon Park Cemetery  
Baltimore, Maryland

Location \_\_\_\_\_

18. Funeral director Frederick A. ColeAddress 1200 W. Lombard St.

19. Sept. 22 19 47  
 (Date rec'd by registrar) Registrar [Signature]

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 22 19 47 at 2:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
January 27 19 47 to Sept. 22 19 47  
 and that I last saw him alive on September 22 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 32 Mos.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE R. G. [Signature] M. D. XXXAddress State Sanatorium, Md. Date signed 9/22/47

RECEIVED

SEP 23 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08014

Reg. Diat. No. 134

## 1. PLACE OF DEATH:

County FrederickCity or town Emmitsburg, Md.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 84 years 11 months 15 days.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Emmitsburg.  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war. ....

## 3. (a) FULL NAME

Mary Helen Rosensteel4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife John H. Rosensteel

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 18628. AGE: Years 84 Months 11 Days 15 If less than one day ..... hrs. .... min.9. Birthplace Emmitsburg, Frederick Co., Md.  
(Town, county, and state)10. Usual occupation Housekeeper

## 11. Industry or business

12. Name Xavier Myers  
13. Birthplace Frederick County, Md.14. Maiden name Lydia Izer  
15. Birthplace Adams County, Penna.16. Informant Mrs. Harry Shoemaker  
Address Emmitsburg, Md.17. Burial Date thereof Sept. 29, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Anthony's Shrine Cemetery  
Location Emmitsburg, Md.18. Funeral director S. L. AllisonAddress Emmitsburg, Md.19. Sept-27-47 M. F. Shuff  
(Date rec'd by registrar) (Signature)

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 26 19 47 at 7:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 to Sept 26 and that I last saw him alive on Sept 25Immediate cause of death Coronary occlusion - DURATION 15 min.Due to arteriosclerotic C.V. disease  
several years

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Car Injured at work?23. SIGNATURE W. R. Cottle M.D. or otherAddress Emmitsburg, Md. Date signed 9-27-47

RECEIVED

OCT 2 1947

BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

08015

132

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

15 East Second Street

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 15 East Second Street

(If rural, give LOCATION)

None

2. (a) If veteran, name war

### 3. (a) FULL NAME

GUY FRANKLIN RUPRECHT

### 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

5. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 24, 1884

8. AGE: Years 63 Months 02 Days 25 If less than one day  
hrs. min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation Paper Hanger

11. Industry or business Own Business

12. Name Louis F. Ruprecht

13. Birthplace Frederick County Maryland

14. Maiden name Mary C. Myers

15. Birthplace Frederick County Maryland

16. Informant Mrs. Annie R. Cover

Address 122 W. 7th St., Frederick, Md.

17. Burial Burial Date thereof 9/22/47  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 20 Sept 19 47 Elizabeth H. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 19, 1947 at 1:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 10 19 45 to Sept 19 19 47  
and that I last saw him alive on Sept 18 19 47

Immediate cause of death

Chronic Coronary Artery Disease

DURATION

4 days

Due to

Chronic Coronary Artery Disease

Due to

Basal Ganglia Calcification

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Elizabeth H. Heck M. D.  
M. D. or other

Address Frederick, Maryland Date signed 9-19-47

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 22 1947

BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

08016

1. PLACE OF DEATH: **Frederick**  
 County.....  
 City or town..... **State Sanatorium, Maryland**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Since **6/17/46**  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
 How long in hospital or institution?..... **Since 6/17/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State..... **Maryland** County..... **Prince George**  
 City or town..... **Branchville**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... **9108 Rhode Island Ave.**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... ✓

## 3. (a) FULL NAME

**Etta Sandheger**

## 3. (b) Social Security Number

**220-12-3902**

4. Sex..... **Female** 5. Color or race..... **White** 6.(a) Single, married, widowed, or divorced..... **Married**  
 B.(b) Name of husband..... **Joseph H. Sandheger**  
 6.(c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.)..... **July 29, 1902**  
 8. AGE: Years..... **45** Months..... **1** Days..... **8** If less than one day..... hrs. .... min.

9. Birthplace..... **Hinton, W.Va.**  
 (Town, county, and state)  
 10. Usual occupation..... **Housewife**  
 11. Industry or business.....  
 12. Name..... **Loring E. Gill**  
 13. Birthplace..... **Hinton, W.Va.**  
 14. Maiden name..... **Dora Myers**  
 15. Birthplace..... **Roanoke, Va.**  
 18. Informant..... **Deceased**

Address

17. **Burial** Date thereof..... **Sept. 9, 1947**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory..... **Hinton Cemetery**  
 Location..... **Hinton, W.Va.**  
 18. Funeral director..... **W.W. Chambers Co.**  
 Address..... **Riverdale, Md.**  
 19. **Sept. 6** 19**47**  
 (Date rec'd by registrar) Registrar.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... **Sept. 6** 19**47** at **6:25 AM**  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**June 17** 19**46** to **Sept. 6** 19**47**  
 and that I last saw her alive on **September 6** 19**47**

Immediate cause of death.....  
**Pulmonary Tuberculosis** DURATION..... **18 Mos.**

Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?.....  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE..... **R. G. Bessie** M. D. **JOHN**  
 Address..... **State Sanatorium, Md.** Date signed..... **9/6/47**

RECEIVED

SEP. 8 1947

BUREAU # 8

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1610

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
 How long in hospital or institution? 1 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 108 N. Patrick  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

Baby Boy Slagle

## 3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Sept. 7 - 19478. AGE: Years Months Days If less than one day  
hrs. 48 min.9. Birthplace Frederick County Maryland  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name John Richard Slagle13. Birthplace Frederick - Md.14. Maiden name Mary P. Kagle15. Birthplace Brunswick - Md.16. Informant John R. SlagleAddress 108 N. Patrick St. Fred'k - Md.17. Burial Date thereof Sept. 8, 1947  
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Mt. Olivet CemeteryLocation Frederick - Md.18. Funeral director C. E. Cline & SonAddress Frederick - Md.19. 8 - Sept 19 47 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 7 - 1947 at 9 a. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 7 to Sept 7 19 47  
and that I last saw him alive on Sept 7 19 47Immediate cause of death R. H. Campbell factor DURATION 1/2 hrDue to MaltherosDue to R. H. Slagle

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William L. Slagle N. D. of PublicAddress Frederick Date signed Sept 8 - 47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and accurately.

08017

RECEIVED  
SEP 11 1947  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

08018

942

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
309 N. Patrick St.  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 309 N. Patrick St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

John Wesley Staley

## 3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Margaret C. Abbott Staley  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) 12-4-1866  
 8. AGE: Years 80 Months 9 Days 22 hrs. \_\_\_\_\_ min.

9. Birthplace Frederick Co. Md.  
 (Town, county, and state)  
 10. Usual occupation Retired  
 11. Industry or business Policeman  
 12. Name John W. Staley  
 13. Birthplace Frederick Co. Md.  
 14. Maiden name Sarah Miss  
 15. Birthplace Frederick Co. Md.

16. Informant Albert H. Staley  
 Address 309 N. Patrick St. Fred'k. Md.  
 17. Burial Date thereof Sept. 28-1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rocky Springs Cemetery  
 Location West 17 Frederick - Md.  
 18. Funeral director C. E. Clive & Son  
 Address Frederick - Md.

19. 26 Sept 1947 Elizabeth G. Hecker  
 (Date rec'd by Registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Sept 25 1947 at 12:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 and that I last saw him/her live on Sept 25 1947

Immediate cause of death Coronary occlusion  
 DURATION Immediate

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE P. W. Staley M. D. or other \_\_\_\_\_Address Frederick, Md. Date signed Sept 26 47

DEPUTY MEDICAL EXAMINER  
 9-26-47

RECEIVED

SEP 27 1947

BUREAU 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08019

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County Trednick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 55 yrs.  
 Hospital, institution, or street address where death occurred:  
201 9th Ave.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Trednick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 701 9th Ave.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

Charles Allison Federick

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Myrtle M. Annals  
 6. (c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.) April 21, 1872  
 8. AGE: 75 Years 4 Months 19 Days It less than one day hrs. min.

9. Birthplace West Virginia  
 (Town, county, and state)  
 10. Usual occupation Retired R.R. Conductor  
 11. Industry or business

FATHER 12. Name Michael Federick  
 13. Birthplace West Virginia  
 MOTHER 14. Maiden name Annis E. Kearns  
 15. Birthplace West Virginia

16. Informant Mrs. Walter Bidensbaugh  
 Address Brunswick Md.  
 17. Burial Date thereof Sept 13 1947  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Park Heights  
 Location Brunswick Md.  
 18. Funeral director C. H. Futz & Bu  
 Address Brunswick Md.

19. Sept 10 47 Kathryn N. Brown  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 10 1947 at 1:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 10 1947 to Sept 10 1947 and that I last saw him alive on Sept 10 1947

Immediate cause of death Coronary thrombosis DURATION ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W B Carpenter M. D. or other

Address Lowettsville Va Date signed 9/10/47

*Charles William Johnson*

*10415 W. Harrison*

*Plant 21*

*Washington  
Conductor  
SEP 15 1947  
RECEIVED  
FBI  
The United States  
Department of Justice  
Washington, D.C.*

*10415 W. Harrison  
Plant 21  
SEP 15 1947  
Washington, D.C.*

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

08020

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 9 mo  
Hospital, institution, or street address where death occurred:  
Emergency Hospital, Fred.  
How long in hospital or institution? 9 mo.

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Frederick  
City or town Mt Pleasant, md  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Daniel Thomas

### 3. (b) Social Security Number

4. Sex male 5. Color or race c 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife \_\_\_\_\_ 6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) April 18, 1880

8. AGE: Years 67 Months 5 Days 0 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Mt Pleasant, Fred. Co.  
(Town, county, and state)

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

12. Name Don't know

13. Birthplace \_\_\_\_\_

14. Maiden name Jane Thomas

15. Birthplace Fred. Co.

16. Informant Mrs Mary E. Waters

Address Walkersville, md.

17. Burial Burial Date thereof Sept 22, 1947  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Silver Hill

Location Mt. Pleasant

18. Funeral director G. E. Barton

Address Walkersville

19. 19 Sept 19 47 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 18 19 47, at 5-2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 6 19 46, to Sept 18 19 47  
and that I last saw him alive on Sept 17 19 47

Immediate cause of death Coronary thrombosis

DURATION

1 week

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Bernard Thomas, M.D. M. D. or other

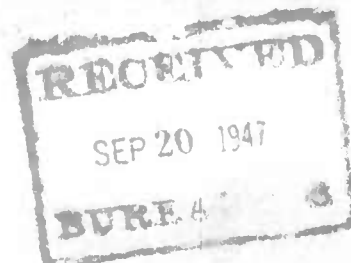
Address Frederick, Md Date signed Sept. 18, 47

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

08021

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 1 day  
Hospital, institution, or street address where death occurred: Frederick Memorial Hospital  
How long in hospital or institution? 1 day

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town New Market  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

James Edward Thomas bel.

### 3. (b) Social Security Number

214-10-5271

4. Sex Male 5. Color or race Black 6.(a) Single, married, widowed, or divorced Married.  
6.(b) Name of husband or wife Mary Thomas.  
7. Birth date of deceased (mo., day, yr.) December 24, 1906  
8. AGE: Years 40 Months 9 Days 4 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick Co Md.  
(Town, county, and state)

10. Usual occupation Laborer.

### 11. Industry or business

12. Name Benny Franklin Thomas.  
13. Birthplace Frederick Co Md.

14. Maiden name Katie Prior  
15. Birthplace Frederick Co Md.

16. Informant Katie Thomas Mather  
Address New Market Md.

17. Burial Burial Date thereof Sept 5 47  
(Burial, cremation, or removal. Which?) month (day) (year)

Cemetery or crematory Simpson Chapel Cemetery  
Location New Market Md.

18. Funeral director W.E. Falconer.  
Address New Market Md.

19. Sept 4 47 Elizabeth S. Hark.  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 3 19 47 at 4:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2 19 47 to Sept 3 19 47  
and that I last saw him alive on Sept 2 19 47

Immediate cause of death Septicemia DURATION 6 days

Due to Lacerations of head 15 days  
mouth & arm

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, list in the following: Accident Date of Aug 14 1947  
Accident, suicide, or homicide \_\_\_\_\_

Where did injury occur? Frederick Frederick, Maryland  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public place  
Means of injury Fall off ledge Injured at work? No

23. SIGNATURE Ernest P. Roop, M.D.  
Address New Market Md Date signed 9-4-47

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
SEP 16 1947  
BUREAU 8

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

08022

940

### 1. PLACE OF DEATH:

County Frederick  
Frederick-Rural R. F. D. #5  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 years  
 Hospital, institution, or street address where death occurred:  
Shookstown  
 How long in hospital or institution?.....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #5  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Shookstown  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war..... None

### 3. (a) FULL NAME

WILLIAM CALVIN TUCKER, SR.

### 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife..... Mary Falk

7. Birth date of deceased (mo., day, yr.) November 2, 1866 6. (c) If alive, give age..... years

8. AGE: Years 80 Months 10 Days 27 It less than one day..... hrs. .... min.

9. Birthplace Frederick County Maryland  
 (Town, county, and state)

10. Usual occupation..... Retired

11. Industry or business.....

12. Name Edward F. Tucker

13. Birthplace Frederick County Maryland

14. Maiden name Sally E. Mull

15. Birthplace Frederick County Maryland

16. Informant Harvey J. Tucker

Address R. F. D. #5, Frederick, Maryland

17. Burial 10/2/47  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 1 - Oct 19 47 Elizabeth S. Hech  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 19 47 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him live on Sept 19 19 47

Immediate cause of death.....

Coronary occlusion

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Major findings of operations.....

Date of op. ....

23. SIGNATURE P. W. Bar Deputy Medical Examiner

Address Frederick, Md Date signed 9.29.47

DURATION

Immediate

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
OCT 3 1947  
BUREAU OF A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

MontevueHow long in hospital or institution? 6 years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

IDA TYSON

## 3. (b) Social Security Number

None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>Female</u>	<u>Colored</u>	<u>?</u>

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE:	Years	Months	Days	It less than one day
	<u>81?</u>	<u>?</u>	<u>?</u>	_____ hrs. _____ min.

9. Birthplace Unknown  
(Town, county, and state)10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_

12. Name William Tyson13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Records at Montevue

Address \_\_\_\_\_

17. Burial Burial Date thereof Sept. 22, 1947  
(Burial, cremation, or removal, when?) (month) (day) (year)Cemetery or crematory Frederick CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 20 Sept 1947 Elizabeth G. Heck  
(Date rec'd by Registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 19th 1947 at 4:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 19 1947 to Sept. 19 1947  
and that I last saw her alive on Sept. 19, 1947Immediate cause of death Cerebral hemorrhage

DURATION

1 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Bernard Thomas, M.D. M. D. or otherAddress Frederick, Md Date signed 9/19/47

CERTIFICATE OF DEATH

RECEIVED

SEP 25 1947

BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 080831

### 1. PLACE OF DEATH:

County Berch

City or town Buckeystown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs

Hospital, institution, or street address where death occurred: 5 yrs

How long in hospital or institution? 5 yrs

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredricks

City or town Buckeystown  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Joseph Sullivan White

### 3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

8. (b) Name of husband or wife Mary Lucille White

6. (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) January 21 - 1874

8. AGE: Years 73 Months 8 Days 18 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Montgomery Co. Md.  
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name John C. White

13. Birthplace Maryland

14. Maiden name Grace D. White

15. Birthplace Maryland

16. Informant Mrs. Lucille White

Address Buckeystown - Maryland

17. Burial Date thereof Sept 12 - 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Immaculate Con

Location Beallsville - Maryland

18. Funeral director William B. Hill

Address Baltimore Md

19. 10 Sept 19 47 Elizabeth S. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 9th, 19 47, at 11:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 28th, 19 47, to Sept. 9th 19 47

and that I last saw him alive on September 9th, 19 47

Immediate cause of death Cerebral hemorrhage

DURATION

9/6/47

Due to Cardiovascular Renal Disease

Due to Several

Due to years

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE At. Conley

Address Frederick, Maryland M. D. Frederick

Date signed 9/10/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

TO BE COMPLETED BY THE REGISTRAR OF DEATHS

RECEIVED  
SEP 13 1947  
BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

### 1. PLACE OF DEATH:

County **Fredrick**  
City or town **Rural, Thurmont Md. R.D.#1**  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? **12 years**  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State **Maryland** County **Fredrick**  
City or town **Rural**  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. **Thurmont, R.D.#1**  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3.(a) FULL NAME

**David Bernard McClellan Wills.**

### 3.(b) Social Security Number

**none**

4. Sex **m** 5. Color or race **white** 6.(a) Single, married, widowed, or divorced **married**  
6.(b) Name of husband or wife **Emma F. Zimmerman Wills**  
6.(c) If alive, give age **73** years  
7. Birth date of deceased (mo., day, yr.) **November 22, 1860**  
8. AGE: Years **86** Months **9** Days **16** If less than one day  
.....hr. ....min.

9. Birthplace **Adams Co., Pa.**  
(Town, county, and state)

10. Usual occupation **Laborer**

11. Industry or business

FATHER 12. Name **Jacob Wills**  
13. Birthplace **Adams Co., Pa.**

MOTHER 14. Maiden name **Elizabeth Mills**  
15. Birthplace **Adams Co., Pa.**

16. Informant **Emma F. Wills**  
Address **Thurmont Md, R.D.#1**

17. **burial** Date thereof **SEPT 12, 1947**  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory **Mt Carmel Cemetery**  
**Thurmont, Md.**  
Location

18. Funeral director **S. L. Allison**  
Address **Emmitsburg, Md.**

19. **Sept 11** 19**47** **Blanche S. Eyles**  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH **Sept 8** 19**47** at **8:05** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **May 10** 19**47** to **Sept 8** 19**47**  
and that I last saw him alive on **Sept 8** 19**47**  
Immediate cause of death **Cardiac Disturbance**

	DURATION
Due to <b>Cancer Stomach</b>	<b>2 yrs</b>
Due to <b>Chronic Endocarditis</b>	<b>2 yrs</b>
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **Marion A. Birch MD** M. D. or other

**Thurmont, Md.** Date signed **9/11/47**

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08025

468 X

RECEIVED  
SEP 13 1947  
BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08026

Reg. Dist. No. 131

1. PLACE OF DEATH:  
County... Frederick  
City or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 35 Years  
Hospital, institution, or street address where death occurred:  
328 West College Terrace  
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State... Maryland County... Frederick  
City or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 328 West College Terrace  
(If rural, give LOCATION)  
None  
2.(a) If veteran, name war.....

3. (a) FULL NAME  
HILDA ELIZABETH WOODWARD

3. (b) Social Security Number  
None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced? M

6. (b) Name of husband Lewis A. Woodward

6. (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) February 23, 1889

8. AGE: Years 58 Months 6 Days 23 If less than one day  
.....hrs. ....min.

9. Birthplace Johnsville-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Eli G. Haugh

13. Birthplace Frederick County Maryland

14. Maiden name Mollie Strawsberg

15. Birthplace Frederick County Maryland

16. Informant Lewis A. Woodward

Address 328 W. College Terrace, Fred'k, Md

17. Burial Date thereof 9/18/47  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

M. R. Etchison and Son

18. Funeral director  
Address Frederick, Maryland

19. 18 Sept 19 47 Elizabeth G. Haugh  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 16, 19 47 at 4:20A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 12 19 47 to Sept 16 19 47  
and that I last saw h on alive on Sept 14 19 47

Immediate cause of death Uremia DURATION 5 day

Due to Cardio Vascular Renal year

Due to Pneum 20 year

Due to Multiple Sclerosis

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Mans of injury Injured at work?

23. SIGNATURE J. Lawrence Fahreny MD M. D. or other

Address Frederick Md Date signed 9-17-47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 20 1947

BUREAU OF

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08027

## 1. PLACE OF DEATH

County Frederick Registration Dist. No. 138  
 Village or City Jamesville No. Ridge Cottage Sanitarium St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 18 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Mara K. Gungling If U. S. Veteran, specify WAR None  
 (a) Residence: No. Frederick, Md. Rt. 4 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Winston Gungling</u>		
6. DATE OF BIRTH (month, day, and year) <u>July 31, 1883</u>		
7. AGE Years <u>64</u>	Months <u>1</u>	Days <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Packer</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Brush Factory</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Aug 1947</u>	
11. Total time (years) spent in this occupation <u>5 Yrs.</u>		

12. BIRTHPLACE (city or town) Middleton  
 (State or country) Frederick County

13. NAME Oliver H. Kefauver

14. BIRTHPLACE (city or town) Middleton  
 (State or country) Frederick County

15. MAIDEN NAME Ellen Pickens

16. BIRTHPLACE (city or town) Middleton  
 (State or country) Frederick County

17. INFORMANT Mrs. Edgar L. Hargett  
 (Address) R.F.D. #4, Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL Reformed Cemetery  
Middletown, Md. Date Sept. 30, 1947  
 Place \_\_\_\_\_

19. UNOBTAINER M. R. Etchison and Son  
 (Address) Frederick, Maryland

20. FILED 29 Sept, 1947 Lucian K. Falconer  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

September 28, 1947  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1947, to Sept 28, 1947

I last saw him alive on Sept 27, 1947; death is said to have occurred on the date stated above, at 5:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Arteriosclerosis  
Cerebral Hemorrhage

Other Contributory Causes of Importance: Mental Depression

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_ (Signed) Wm. K. McAdams M. D.  
 (Address) Jamesville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. ✓

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08028

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital  
How long in hospital or institution? Since September 15, 1947

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town Doubs  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

MARY EVELYN YOUNG

## 3. (b) Social Security Number

212-24-7437

4. Sex F 5. Color or race C 6. (a) Single, ~~married~~, widowed, or divorced S

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) November 21, 1918

8. AGE: Years 28 Months 10 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick County Maryland  
(Town, county, and state)

10. Usual occupation Waitress  
11. Industry or business Francis Scott Key Hotel

12. Name John H. Young  
13. Birthplace Frederick County Maryland

14. Maiden name Blanche Lee  
15. Birthplace Frederick County Maryland

16. Informant Mrs. Blanche Young  
Address Doubs, Maryland

17. Burial Colored Cemetery Date thereof 9/27/47  
(Burial, cremation, or removal, which?) (month) (day) (year)  
Cemetery or crematory \_\_\_\_\_  
Location Point of Rocks, Maryland

18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland

19. 26 Sept 47 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 23, 1947 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 1947 to Sept 23 1947  
and that I last saw him alive on Sept 23 1947

Immediate cause of death Pulmonary Embolism  
Due to Sudden

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations As expected  
16 lb. Fetus Date of op. Sept 15  
Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE E. P. Thomas M. D.  
Address Frederick, Md. M. D. or other \_\_\_\_\_  
Date signed Sept 24, 47

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SEP 27 1947

BUREAU 6

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

### 1. PLACE OF DEATH:

County Fredrick

City or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

309 Petterville Road

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredrick

City or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 309 Petterville Road  
(If rural, give LOCATION)

2.(a) if veteran, name war

### 3. (a) FULL NAME

William Hensen Young

### 3. (b) Social Security Number

705-07-7996

4. Sex

Male

5. Color or race

Caucas

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Henretta Wheeler

6.(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.)

? 1896

8. AGE:

Years 51 Months Days If less than one day

9. Birthplace

Maryland  
(Town, county, and state)

10. Usual occupation

Bricklayer

11. Industry or business

William Young

12. Name

Virginia

13. Birthplace

Parakee Ridge

14. Maiden name

Maryland

15. Birthplace

Mr Lewis Young

Address Adamstown R.F. 1

17. (Burial, cremation, or removal. Which?)

Burial Date thereof Oct. 2, 1947

(month) (day) (year)

Cemetery or crematory

Point of Rock Md.

Location

C. H. G. & Bro

18. Funeral director

Brunswick Md.

Address

Oct 2 1947 Kathryn N. Brown

(Date rec'd by registry)

Registrar

### MEDICAL CERTIFICATION

2D. DATE OF DEATH Sept 27 1947 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

dead to 1947

and that I last saw him alive on Sept 27 1947

Immediate cause of death

Coronary occlusion

DURATION

minutes

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. W. Bander

DR. R. W. BANDER  
DEPUTY MEDICAL EXAMINER

Address 1 - ...

Date signed 10/2/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

William Arthur Young (Son)  
Call Madison 7375-9 Balto.

RECEIVED

OCT 6 1947

BUREAU